



smart solutions. personalized service.

**YOUR BUSINESS IS
YOUR PASSION.**

**PROVIDING YOU
WITH THE TOOLS
TO SUCCEED IS OURS.**

Thank you for choosing Windstream.

DATA • VOICE • NETWORK • CLOUD

If you are paying multiple Windstream accounts with one check, please include the remittance slip for each account and note the account numbers on the memo line of your check. Thank you.

Account number	Telephone number	Invoice date
126268123	144-013-0003	July 06, 2016

Please call Windstream Communications toll free or visit our website.

For Sales/Billing/Account Changes: 1-800-600-5050

For Repair/Technical Support: 1-800-600-5050

Website: www.windstream.com

ETMC DS3 - TRINITY
C/O TANGOE MANAGED SERVICES
PO BOX 5471
MILFORD CT 06460-0707

Service At-A-Glance

Previous Bill	\$9,642.31 CR
Payments/Adjustments thru 07/01	\$.00
Amount Previously Due	\$9,642.31 CR
Current Charges Due - 07/22/16	\$22,888.55 CR
Total Amount Due	\$32,530.86 CR

Use of the Services constitutes your agreement to Windstream's Terms and Conditions maintained at www.windstream.com/terms, or you may request a copy by calling the number at the top of the bill. See "Windstream Customer Message" section on this bill for any recent changes to Windstream's Terms and Conditions. If you are a business customer with an existing contract, those contract terms will control.

Pay My Bill

On-line: For easy payments 24 hours a day, visit

www.windstreamonline.com.

In person: To find a retail store location near you, visit

www.windstream.com/support.

By Mail: Send your check and payment slip to the address below.

By Phone: For automated payments or to speak to a representative, call the number above.

Detach and return this payment slip with your check payable to WINDSTREAM COMMUNICATIONS SW.

☐ Yes! I am interested in Windstream High-Speed Internet. Please contact me.

Account number	Telephone number	Due date
126268123	144-013-0003	July 22, 2016
CREDIT BALANCE DO NOT PAY		\$32,530.86 CR

052 126268123 0

*** NO PAYMENT DUE AT THIS TIME ***

windstream.

ATTN: SUPPORT SERVICES
1720 GALLERIA BLVD
CHARLOTTE, NC 28270

Address Service Requested

☐ Check here for address changes noted on reverse side.

ETMC DS3 - TRINITY
C/O TANGOE MANAGED SERVICES
PO BOX 5471
MILFORD CT 06460-0707

7000052000000012626812301607010000325308693

Account number
126268123Telephone number
144-013-0003Invoice date
July 06, 2016**SUMMARY OF CURRENT CHARGES BY SERVICE PROVIDER**

WINDSTREAM 22,888.55 CR
CURRENT CHARGES DUE 07/22/16 22,888.55 CR

WINDSTREAM DETAIL OF CURRENT CHARGES

Service from 07/01/16 to 07/31/16
Toll charge inquiries call 1-800-600-5050

SERVICES

2	DS3 SERVICE	1,978.56
1	SCHOOL LIBRARY HB2128	.00
2	LATA DS3 TRANSPORT TERMINATI	600.00
TOTAL SERVICES		2,578.56

SURCHARGES AND OTHER FEES

COST OF SERVICE SURCHARGE	1.06
TEXAS UNIVERSAL SERVICE FUND	19.83
TOTAL SURCHARGES AND OTHER FEES	20.89

OTHER CHARGES AND CREDITS

RURAL HEALTH CARE ADJ FY 14-15 (144) 013-0003 25,488.00 CR
from 06/30/16

TOTAL OTHER CHARGES AND CREDITS 25,488.00 CR

TOTAL WINDSTREAM CHARGES 22,888.55 CR

SERVICE PROVIDER(S)

Your local carrier is*:

WINDSTREAM COMMUNICATIONS SW 1-800-600-5050

* If you have multiple telephone numbers, further information concerning long distance carrier assignments for those additional lines are on record with your local business office.

IMPORTANT MESSAGE

If you feel that the telecommunications companies listed on your billing statement are not your chosen local service or long distance providers or if you believe that your bill contains an unauthorized charge, please contact the Public Utility Commission of Texas. Write to Texas PUC, P.O. Box 13326, Austin, Texas 78711-3326 or call (512) 936-7120 or toll free in Texas 1-888-782-8477. Hearing and speech-impaired customers with text telephones (TTY) may contact the commission at (512) 936-7136.

REGULATORY PRESENTATION OF CURRENT CHARGES

The following summary presents your current charges by service type as defined by your state regulatory agency. Totals for each service type include applicable surcharges, fees and taxes.

BASIC LOCAL SERVICE	22,888.55 CR
TOTAL	22,888.55 CR

IMPORTANT INFORMATION

Non-payment of basic services WILL result in the disconnection of your local telephone service.

WINDSTREAM CUSTOMER INFORMATION

TX.HFGS.130003..WINW
ETMC 317 PROSPECT DR TRINITY
NORTHLAND CABLE 129.5 RADIO LN
CROCKETT

WINDSTREAM CUSTOMER MESSAGE

Windstream continues to work to provide the highest level of service and support to our Customers. Part of this service commitment includes providing Customers with the opportunity to have third party services charged to their Windstream telephone bill as a convenience. While many Customers appreciate this convenience, we understand that it's not for everyone. Windstream always encourages customers to review their Windstream bill each month and contact the company if they are unsure about a charge on their Windstream bill. And, in order to provide our Customers with a greater level of control and an additional layer of account protection, Windstream now offers the ability to block third party charges from your monthly telephone statement. This block will not apply to third party charges for Windstream-related services to which you subscribe (i.e. Dish, TechHelp, etc.), but will prevent unrelated services from appearing on your Windstream statement. This service is completely optional and free of charge. If you're interested in adding a third party block to your account, please call a Windstream representative at the phone number found at the top right hand corner of your statement.

Windstream Online payments must be made by 4:00 pm eastern time in order to post for the current day.

Visit the Windstream Communications store nearest you today:

Dumas, TX	Texarkana, TX
300 East 19th Street Suite 117	2315 Richmond Rd. #101
806-935-1681	903-223-4688
Hours: M-F 8:30am - 6:30pm	Hours: M-F 8:30am - 5:30pm
	Sat 9:30am - 4:30pm

If not paid on time, a late payment collection fee of \$12.00 will apply to any past due Internet balance.

A late payment charge of 5% will apply to any unpaid balance after the due date on the bill.

Service Suspension for Past Due Payments

Based on state regulatory and notice requirements, once your bill is past due, some or all of your service may be suspended. Charges may apply to suspend or reconnect service. A deposit to reestablish your service may also be required.

Health Care Providers Universal Service Funding Request and Certification Form

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.**Block 1: HCP Information**

1 HCP Name East Texas Medical Center - 1st Physicians Pittsburg	2 HCP Number 17351
3 Form 465 Application #43155415	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name ETMC 1st Physicians - Pittsburg	6 Billed Entity FCC RN 0017366121	
7 Contact Name Tim Arthur		
8 Address Line 1 402 S. Greer Blvd.		
9 Address Line 2		
10 City Pittsburg	11 State TX	12 Zip 75686
13 Contact Phone #903-596-3909	14 Fax #	15 Email tarhur@etmc.org

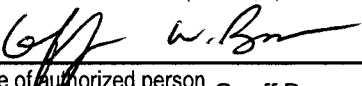
Block 3: Funding Year Information

16 Funding Year - Check only one box		
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)	<input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Documentation required) 50 Mbps Ethernet	
18 Total Billed Miles 0	19 Maximum Allowable Distance (From Form 465) 256
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.	

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Suddenlink			
22 Service Provider Identification Number (SPIN)	143016446			
23 Service Provider Contact Person Name	Dawn Schaap			
24 Service Provider Contact Person's Phone #	903-520-5005			
25 Service Provider Contact Person Email	dawn.schaap@suddenlink.com			
26 Circuit Start Location	402 S. Greer Blvd, Pittsburg TX			
27 Circuit Termination Location	Central Office			
28 Billing Account Number	713754301			
29 Tariff, Contract or other document reference number	RHC# 867600			
30 Date Contract Signed or Date HCP Selected Carrier	12/09/2015			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	12/08/2018			
32 Service Installation Date	11/10/2015			
33 Actual Rural Rate per Month (Enclose Documentation)	1500.00			
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.				

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.				
Block 5: Mileage-based Charge Discount Request				
Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.				
36 Billed Circuit Miles	0			
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.) °				
38 Cost per Mile per Month	0			
If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)				
Block 6: Comprehensive Rate Comparison Request				
Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800) 453-1546 if you need assistance.				
39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/> 500				
If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.				
42 Billed Circuit Miles	0			
43 Monthly Mileage Based Charges	0			
44 Cost per Mile per Month	0			
Block 7: Bid Documentation				
45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you checked yes, copies of the bids MUST be submitted to RHCD.				
Block 8: Certification				
46 <input checked="" type="checkbox"/> I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.				
47 <input checked="" type="checkbox"/> Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.				
48 <input checked="" type="checkbox"/> I hereby certify that the billed entity will maintain complete billing records for the service for five years.				
49 <input checked="" type="checkbox"/> I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.				
50 Signature			51 Date 7/28/17	
52 Printed name of authorized person	Geoff Boggs		53 Title or position of authorized person CEO	
54 Employer of authorized person	USF Healthcare Consulting		55 Employer's FCC RN 0017366121	

Please remember:

- ♦ You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for **two** T1 lines, you must submit **two** Forms 466.
 - If you are requesting reduced rates for **two** ISDN lines & **one** Frame Relay line, you must submit **three** Forms 466.
- ♦ **If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.**
- ♦ **You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.**
- ♦ This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- ♦ If the service described on this form changes (e.g., rate change) during the funding year, **you must notify RHCD immediately** and submit a revised Form 466.
- ♦ If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal.
<https://forms.universalservice.org/usaclogin/login.asp>

ETMC- 1st Physicians- Pittsburg
402 S. Greer Blvd
Pittsburg, TX 75686

HCP: 17351
Suddenlink 143016446
Acct # 713754301

Evergreen Status / RHC# 867600

Still receiving 36 month contracted rate

Ethernet 50M

Rural Rate:

Cost \$ 1500.00

Urban Rate: \$500.00



**WE STAY
UP AND
RUNNING...**

**SO YOUR
BUSINESS
CAN TOO.**

SG7EF00M



Not all services available in all areas.

Please detach and enclose this coupon with your payment



1820 SSW LOOP 323
TYLER, TX 75701

6040 0100 NO RP 01 08242016 NNNNNNNY 01 996241

ETMC2401 MASTER FIBER BILLING
C/O TANGOE MANAGED SERVICES
PO BOX 5471
MILFORD CT 06460-0707

CONTACT US: 1-800-490-9604 | suddenlinkbusiness.com

Service Period	Due Date	Total Due
09/01 - 09/30	09/11/2016	\$85,571.40

Access Code - 4501 Service Address:
Account Number: 801 CLINIC DR
100001-8626-708944801 TYLER TX 75701-2003
Invoice Date: 08/24/16

PREVIOUS STATEMENT BALANCE	\$81,761.63
TOTAL PAYMENTS	-81,761.63
MONTHLY CHARGES	185.27
CIRCUIT MONTHLY CHARGES	84,196.00
PARTIAL MONTHLY CHARGES	960.00
TAXES AND FEES	230.13
TOTAL BALANCE DUE	\$85,571.40



Thank you

for being a
Suddenlink Business customer.

Account Number	Payment Due Date	Total Amount Due	Amount Paid
100001-8626-708944801	09/11/2016	\$85,571.40	

Please allow up to 3 days to process your payment once it is received.

08626001100708944801248557140

SUDDENLINK
PO BOX 660365
DALLAS, TX 75266-0365

CIRCUIT SERVICES - CONTINUED

Acct#: 712134201 ETMC-Jacksonville-Diverse route 501 S RAGSDALE ST JACKSONVILLE TX 75766-2434 99 Circuit Occurrence: 001 Optical Ethernet 1g Intra	1,500.00 1,500.00
Acct#: 712136101 ETMC-Tyler-Diverse route from 801 CLINIC DR TYLER TX 75701-2003 01 Circuit Occurrence: 001 Optical Ethernet 1g Intra	1,500.00 1,500.00
Acct#: 712575301 ETMC Henderson-Gig PtP to Tyler 300 WILSON ST HENDERSON TX 75652-5956 00 Circuit Occurrence: 001 Optical Ethernet 1g Intra	2,550.00 2,550.00
Acct#: 712698001 ETMC-Tyler-Chapel Hill 12295 STATE HIGHWAY 64 E TYLER TX 75707-2537 03 Circuit Occurrence: 001 Optical Ethernet 10m Intra	400.00 400.00
Acct#: 712698101 ETMC Henderson-Diverse Route to 300 WILSON ST HENDERSON TX 75652-5956 00 Circuit Occurrence: 001 Optical Ethernet 1g Intra	1,500.00 1,500.00
Acct#: 713063701 ETMC-Athens Main- Diverse Route 2000 S PALESTINE ST ATHENS TX 75751-5610 00 Circuit Occurrence: 001 Optical Ethernet 1g Intra	1,500.00 1,500.00
Acct#: 713754301 ETMC - Clinic Pittsburg-10mb 402 S GREER BLVD PITTSBURG TX 75686-1700 02 Circuit Occurrence: 001 Optical Ethernet 50M Intra	1,500.00 1,500.00
Acct#: 713773001 ETMC 1st Physicians Clinic 1318 CLINIC DR STE FIBER TYLER TX 75701-2119 18 Circuit Occurrence: 001 Optical Ethernet 10m Intra	385.00 385.00



Wi-Fi@Work provides you with a wireless router at your location, plus:

- Professional installation and configuration
- Flexibility of secure, wireless access
- Saving you wiring costs and hassles

Add Wireless to your Suddenlink Business Internet for only

\$10 /mo.

www.suddenlinkbusiness.com



Offer for new WiFi@Work customers. Service availability, equipment needed & pricing may vary. Installation fees may apply. Taxes, fees, & surcharges may apply. A cable modem or network card may be required at installation. DOCSIS 2.0 modem or greater required. Must be an active Suddenlink Business Internet subscriber. Offer subject to change. Other restrictions may apply. ©Suddenlink Communications 2012.

S67CF01G

Health Care Providers Universal Service Funding Request and Certification Form

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.**Block 1: HCP Information**

1 HCP Name East Texas Medical Center - Mineola Rehab	2 HCP Number 17877
3 Form 465 Application #43163799	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name East Texas Medical Center - Mineola Rehab	6 Billed Entity FCC RN 0017366121	
7 Contact Name Tim Arthur		
8 Address Line 1 1224 North Pacific Street		
9 Address Line 2		
10 City Mineola	11 State TX	12 Zip 75773
13 Contact Phone #903-596-3909	14 Fax #	15 Email tarthur@etmc.org

Block 3: Funding Year Information

16 Funding Year - Check only one box
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015) <input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016) <input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Documentation required) 10 Mbps Ethernet	
18 Total Billed Miles 28	19 Maximum Allowable Distance (From Form 465) 233
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.	

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Suddenlink			
22 Service Provider Identification Number (SPIN)	143016446			
23 Service Provider Contact Person Name	Dawn Schaap			
24 Service Provider Contact Person's Phone #	903-520-5005			
25 Service Provider Contact Person Email	dawn.schaap@suddenlink.com			
26 Circuit Start Location	1224 North Pacific Street			
27 Circuit Termination Location	CO - then to 801 Clinic Dr., Tyler TX			
28 Billing Account Number	711417601			
29 Tariff, Contract or other document reference number	#778800			
30 Date Contract Signed or Date HCP Selected Carrier	01/05/2015			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	MTM			
32 Service Installation Date	01/05/2015			
33 Actual Rural Rate per Month (Enclose Documentation)	700.00			
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.				

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

Block 5: Mileage-based Charge Discount Request

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.

36 Billed Circuit Miles	0			
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.) °				
38 Cost per Mile per Month	0			

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)

Block 6: Comprehensive Rate Comparison Request

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800) 453-1546 if you need assistance.

39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/> 500				

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.

42 Billed Circuit Miles	0			
43 Monthly Mileage Based Charges	0			
44 Cost per Mile per Month	0			

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? ☐ Yes ☒ No
If you checked yes, copies of the bids MUST be submitted to RHCD.

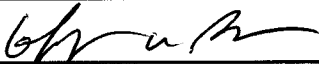
Block 8: Certification

46 ☒ I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 ☒ Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 ☒ I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 ☒ I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature 	51 Date 7/28/17
52 Printed name of authorized person Geoff Boggs	53 Title or position of authorized person CEO
54 Employer of authorized person USF Healthcare Consulting	55 Employer's FCC RN 0018694075

Please remember:

- ♦ You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for **two** T1 lines, you must submit **two** Forms 466.
 - If you are requesting reduced rates for **two** ISDN lines & **one** Frame Relay line, you must submit **three** Forms 466.
- ♦ **If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.**
- ♦ **You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.**
- ♦ This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- ♦ If the service described on this form changes (e.g., rate change) during the funding year, **you must notify RHCD immediately** and submit a revised Form 466.
- ♦ If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal.
<https://forms.universalservice.org/usaclogin/login.asp>

ETMC- Mineola Rehab Office
1224 N. Pacific St
Mineola, TX 75773

Evergreen Status (RHC #778800)

This FRN ends on 07/25/2016 replaced with 100M.

HCP: 17877
Suddenlink 711417601 / Master 708944801
Spin 143016446

10M Ethernet PTP

Rural Rate:

Cost \$ 700.00

Urban Rate: \$ 500.00



**Pay your bill automatically.
Save your stamps.**



Suddenlink EZ Pay.

- ☒ **PAY YOUR BILL DIRECTLY THROUGH YOUR BANK ACCOUNT OR CREDIT CARD.**
- ☒ **NO CHECKS TO WRITE. NO TRIPS TO THE MAILBOX. NO FORGETTING. NO HASSLES.**
- ☒ **AUTOMATIC, SECURE AND EFFORTLESS.**
- ☒ **BEST OF ALL, IT'S FREE.**

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SG2GF02G



Not all services available in all areas.

Please detach and enclose this coupon with your payment



1820 SSW LOOP 323
TYLER, TX 75701

6040 0100 NO RP 01 06242016 NNNNNNNY 01 999999
ETMC2401 MASTER FIBER BILLING
C/O TANGOE MANAGED SERVICES
PO BOX 5471
MILFORD CT 06460-0707

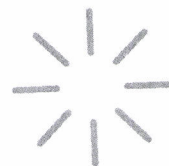
CONTACT US: 1-800-490-9604 | suddenlinkbusiness.com

Service Period	Due Date	Total Due
07/01 - 07/31	PAST DUE	\$134,412.55

Access Code - 4501 Service Address:
Account Number: 801 CLINIC DR
100001-8626-708944801 TYLER TX 75701-2003
Invoice Date: 06/24/16

PREVIOUS STATEMENT BALANCE	\$46,887.72
MONTHLY CHARGES	188.77
CIRCUIT MONTHLY CHARGES	84,946.00
PARTIAL MONTHLY CHARGES	2,160.00
TAXES AND FEES	230.06
TOTAL BALANCE DUE	\$134,412.55
PAST DUE - PAY BY 07/04/16 (PLEASE PAY TO AVOID SERVICE INTERRUPTION)	\$46,887.72
CHARGES DUE BY 07/11/16	\$87,524.83

This bill includes a past due balance. To avoid service interruption - Please pay by the past due date listed above.



Thank you

for being a
Suddenlink Business customer.

Account Number	Payment Due Date	Total Amount Due	Amount Paid
100001-8626-708944801	PAST DUE	\$134,412.55	

Please allow up to 3 days to process your payment once it is received.

08626001100708944801203441255

SUDDENLINK
PO BOX 660365
DALLAS, TX 75266-0365

CIRCUIT SERVICES - CONTINUED

Acct#: 711250401 ETMC HAWL Rehab 16911 VILLAGE LAKE DR LINDALE TX 75771-5065 11 Circuit Occurrence: 001 Optical Ethernet 10m Intra	400.00 400.00
Acct#: 711351901 ETMC Rusk-50mb PTP 1325 N DICKINSON DR RUSK TX 75785-1051 Circuit Occurrence: 001 Optical Ethernet 50M Intra	4,650.00 4,650.00
Acct#: 711391501 ETMC6211-50 mb PTP Fairfield 125 NEWMAN ST FAIRFIELD TX 75840-1419 25 Circuit Occurrence: 001 Optical Ethernet 50M Intra	7,500.00 7,500.00
Acct#: 711417601 ETMC6213 Mineola-10mb-Fiber 1224 N PACIFIC ST MINEOLA TX 75773-1020 24 Circuit Occurrence: 001 Optical Ethernet 10m Intra	700.00 700.00
Acct#: 711545801 ETMC Pittsburg-50mb 104 S GREER BLVD PITTSBURG TX 75686-1408 Circuit Occurrence: 001 Optical Ethernet 50M Intra	900.00 900.00
Acct#: 711906101 ETMC-Pittsburg-Diverse 2759 US HIGHWAY 271 N PITTSBURG TX 75686-4289 00 Circuit Occurrence: 001 Optical Ethernet 1g Intra	1,500.00 1,500.00
Acct#: 711969601 ETMC Gun Barrell City 100 MUNICIPAL DR STE 300 GUN BARREL CITY TX 75156-3703 Circuit Occurrence: 001 Optical Ethernet 100M Intra	1,100.00 1,100.00
Acct#: 712134201 ETMC-Jacksonville-Diverse route 501 S RAGSDALE ST JACKSONVILLE TX 75766-2434 99 Circuit Occurrence: 001 Optical Ethernet 1g Intra	1,500.00 1,500.00

**Suddenlink just keeps
getting better.**

Suddenlink is making it easier to access
and manage your account online.

My Account has been redesigned with
you in mind. Some of the new features
include:

- ✧ Easier registration process
- ✧ Simplified payment screens
- ✧ Ability to update billing address
& access code
- ✧ Manage email and voicemail
- ✧ View current services & request
new ones

Sign up today by visiting
www.suddenlinkbusiness.com and
clicking on My Account.

It's easy to get started. All you will need
is your account number and your access
code. Both are currently listed on the
front of this statement.

If you need assistance setting up your
account please call 1-800-490-9604 for
support.

Our goal is to continue to improve your
online experience and provide the tools
you need to be successful.



Health Care Providers Universal Service Funding Request and Certification Form

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.**Block 1: HCP Information**

1 HCP Name East Texas Medical Center - Mineola Rehab	2 HCP Number 17877
3 Form 465 Application #43142108	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name East Texas Medical Center - Mineola Rehab	6 Billed Entity FCC RN 0017366121	
7 Contact Name Tim Arthur		
8 Address Line 1 1224 N. Pacific Street		
9 Address Line 2		
10 City Mineola	11 State TX	12 Zip 75773
13 Contact Phone #903-596-3909	14 Fax #	15 Email tarthur@etmc.org

Block 3: Funding Year Information

16 Funding Year - Check only one box		
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)	<input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Documentation required) 100 Mbps Ethernet	
18 Total Billed Miles 28	19 Maximum Allowable Distance (From Form 465) 233
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.	

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Suddenlink			
22 Service Provider Identification Number (SPIN)	143016446			
23 Service Provider Contact Person Name	Dawn Schaap			
24 Service Provider Contact Person's Phone #	903-520-5005			
25 Service Provider Contact Person Email	dawn.schaap@suddenlink.com			
26 Circuit Start Location	1224 N. Pacific St., Mineola TX			
27 Circuit Termination Location	CO then to 801 Clinic Dr., Tyler TX			
28 Billing Account Number	711417601			
29 Tariff, Contract or other document reference number	#778800			
30 Date Contract Signed or Date HCP Selected Carrier	07/21/2016			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	07/20/2019			
32 Service Installation Date	07/26/2016			
33 Actual Rural Rate per Month (Enclose Documentation)	1500.00			
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.				

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

Block 5: Mileage-based Charge Discount Request

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.

36 Billed Circuit Miles	0			
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.) °				
38 Cost per Mile per Month	0			

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)

Block 6: Comprehensive Rate Comparison Request

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800 453-1546 if you need assistance.

39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/> 500				

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.

42 Billed Circuit Miles	0			
43 Monthly Mileage Based Charges	0			
44 Cost per Mile per Month	0			

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? ☐ Yes ☒ No
If you checked yes, copies of the bids MUST be submitted to RHCD.

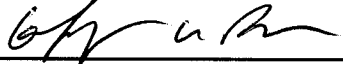
Block 8: Certification

46 ☒ I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 ☒ Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 ☒ I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 ☒ I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature 	51 Date 7/28/17
52 Printed name of authorized person Geoff Boggs	53 Title or position of authorized person CEO
54 Employer of authorized person USF Healthcare Consulting	55 Employer's FCC RN 0018694075

Please remember:

- ♦ You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for **two** T1 lines, you must submit **two** Forms 466.
 - If you are requesting reduced rates for **two** ISDN lines & **one** Frame Relay line, you must submit **three** Forms 466.
- ♦ **If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.**
- ♦ **You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.**
- ♦ This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- ♦ If the service described on this form changes (e.g., rate change) during the funding year, **you must notify RHCD immediately** and submit a revised Form 466.
- ♦ If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

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THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal.
<https://forms.universalservice.org/usaclogin/login.asp>

ETMC Mineola Rehab

1224 N Pacific St

Mineola, TX

HCP 17877

Receiving 36 month contracted rate

This 100M is an upgrade. It is replacing the 10M under Contract #778800. Install date is 07/26/2016

100M \$1500.00

Urban \$500.00

100M Ethernet service



**WE STAY
UP AND
RUNNING...**

**SO YOUR
BUSINESS
CAN TOO.**

5G7EF00M



Not all services available in all areas.

Please detach and enclose this coupon with your payment



1820 SSW LOOP 323
TYLER, TX 75701

6040 0100 NO RP 01 09232016 NNNNNNNY 01 996100
ETMC2401 MASTER FIBER BILLING
C/O TANGOE MANAGED SERVICES
PO BOX 5471
MILFORD CT 06460-0707

CONTACT US: 1-800-490-9604 | suddenlinkbusiness.com

Service Period	Due Date	Total Due
10/01 - 10/31	PAST DUE	\$170,181.20

Access Code - 4501 Service Address:
Account Number: 801 CLINIC DR
100001-8626-708944801 TYLER TX 75701-2003
Invoice Date: 09/23/16

PREVIOUS STATEMENT BALANCE	\$85,571.40
MONTHLY CHARGES	185.27
CIRCUIT MONTHLY CHARGES	84,196.00
TAXES AND FEES	228.53
TOTAL BALANCE DUE	\$170,181.20
PAST DUE - PAY BY 10/03/16 (PLEASE PAY TO AVOID SERVICE INTERRUPTION)	\$85,571.40
CHARGES DUE BY 10/11/16	\$84,609.80

This bill includes a past due balance. To avoid service interruption -
Please pay by the past due date listed above.



Thank you

for being a
Suddenlink Business customer.



Account Number	Payment Due Date	Total Amount Due	Amount Paid
100001-8626-708944801	PAST DUE	\$170,181.20	

Please allow up to 3 days to process your payment once it is received.

08626001100708944801207018120

SUDDENLINK
PO BOX 660365
DALLAS, TX 75266-0365

CIRCUIT SERVICES - CONTINUED

Acct#: 711100501 ETMC3501 S&J TMF CONNECTIVITY 1814 ROSELAND BLVD STE 100 TYLER TX 75701-2003 01 Circuit Occurrence: 001 Optical Ethernet 100M Intra	500.00 500.00
Acct#: 711250401 ETMC HAWL Rehab 16911 VILLAGE LAKE DR LINDALE TX 75771-5065 11 Circuit Occurrence: 001 Optical Ethernet 10m Intra	400.00 400.00
Acct#: 711351901 ETMC Rusk-50mb PTP 1325 N DICKINSON DR RUSK TX 75785-1051 Circuit Occurrence: 001 Optical Ethernet 50M Intra	4,650.00 4,650.00
Acct#: 711391501 ETMC6211-50 mb PTP Fairfield 125 NEWMAN ST FAIRFIELD TX 75840-1419 25 Circuit Occurrence: 001 Optical Ethernet 50M Intra	7,500.00 7,500.00
Acct#: 711417601 ETMC6213 Mineola-10mb-Fiber 1224 N PACIFIC ST MINEOLA TX 75773-1020 24 Circuit Occurrence: 001 Optical Ethernet 100M Intra	1,500.00 1,500.00
Acct#: 711545801 ETMC Pittsburg-50mb 104 S GREER BLVD PITTSBURG TX 75686-1408 Circuit Occurrence: 001 Optical Ethernet 50M Intra	900.00 900.00
Acct#: 711906101 ETMC-Pittsburg-Diverse 2759 US HIGHWAY 271 N PITTSBURG TX 75686-4289 00 Circuit Occurrence: 001 Optical Ethernet 1g Intra	1,500.00 1,500.00
Acct#: 711969601 ETMC Gun Barrell City 100 MUNICIPAL DR STE 300 GUN BARREL CITY TX 75156-3703 Circuit Occurrence: 001 Optical Ethernet 100M Intra	1,100.00 1,100.00

Suddenlink just keeps
getting better.

Suddenlink is making it easier to access
and manage your account online.

My Account has been redesigned with
you in mind. Some of the new features
include:

- ✧ Easier registration process
- ✧ Simplified payment screens
- ✧ Ability to update billing address
& access code
- ✧ Manage email and voicemail
- ✧ View current services & request
new ones

Sign up today by visiting
www.suddenlinkbusiness.com and
clicking on My Account.

It's easy to get started. All you will need
is your account number and your access
code. Both are currently listed on the
front of this statement.

If you need assistance setting up your
account please call 1-800-490-9604 for
support.

Our goal is to continue to improve your
online experience and provide the tools
you need to be successful.

suddenlink[®]
business™



Health Care Providers Universal Service Funding Request and Certification Form

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.**Block 1: HCP Information**

1 HCP Name East Texas Medical Center - 1st Physicians Hideaway	2 HCP Number 18093
3 Form 465 Application #43163860	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name East Texas Medical Center - 1st Physicians Hideaway	6 Billed Entity FCC RN 0017366121
7 Contact Name Tim Arthur	
8 Address Line 1 14069 FM 849	
9 Address Line 2	
10 City Lindale	11 State TX 12 Zip 75771
13 Contact Phone #903-596-3909	14 Fax # 15 Email tarthur@etmc.org

Block 3: Funding Year Information

16 Funding Year - Check only one box
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015) <input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016) <input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Documentation required) 100 Mbps Ethernet
18 Total Billed Miles 11 19 Maximum Allowable Distance (From Form 465) 219
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Suddenlink			
22 Service Provider Identification Number (SPIN)	143016446			
23 Service Provider Contact Person Name	Dawn Schaap			
24 Service Provider Contact Person's Phone #	903-520-5005			
25 Service Provider Contact Person Email	dawn.schaap@suddenlink.com			
26 Circuit Start Location	14069 FM 849 Lindale, TX			
27 Circuit Termination Location	CO then to 801 Clinic Dr., Tyler, TX			
28 Billing Account Number	716174501			
29 Tariff, Contract or other document reference number	NA			
30 Date Contract Signed or Date HCP Selected Carrier	12/19/16			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	MTM			
32 Service Installation Date	12/19/16			
33 Actual Rural Rate per Month (Enclose Documentation)	700.00			
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.				

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

Block 5: Mileage-based Charge Discount Request

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information

36 Billed Circuit Miles	0			
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.) °				
38 Cost per Mile per Month	0			

If Line 33 equals Line 37, please ensure that **ONLY** mileage-related charges are included in Line 37. (See instructions.)

Block 6: Comprehensive Rate Comparison Request

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800 453-1546 if you need assistance.

39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/> 500				

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.

42 Billed Circuit Miles	0			
43 Monthly Mileage Based Charges	0			
44 Cost per Mile per Month	0			

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? ☐ Yes ☒ No
If you checked yes, copies of the bids MUST be submitted to RHCD.


Block 8: Certification

46 ☒ I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 ☒ Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 ☒ I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 ☒ I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature 	51 Date 7/28/17
52 Printed name of authorized person Geoff Boggs	53 Title or position of authorized person CEO
54 Employer of authorized person USF Healthcare Consulting	55 Employer's FCC RN 0018694075

Please remember:

- You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for **two** T1 lines, you must submit **two** Forms 466.
 - If you are requesting reduced rates for **two** ISDN lines & **one** Frame Relay line, you must submit **three** Forms 466.
- **If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.**
- **You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.**
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, **you must notify RHCD immediately** and submit a revised Form 466.
- If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

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Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal.
<https://forms.universalservice.org/usaclogin/login.asp>

East Texas 1st Physicians - Hideaway
14069 FM 849
Mineola, TX 75773

HCP 18093

Suddenlink 143016446
Acct # 716174501

This is replacing the FRN that was evergreened under Contract #13300 that ends 12/18/2016.

100M Ethernet

Cost \$ 700.00

HCP is still receiving the 36 month contracted rate.

Urban Rate \$500.00



**WE STAY
UP AND
RUNNING...**

**SO YOUR
BUSINESS
CAN TOO.**

S07EF00M



Not all services available in all areas.

Please detach and enclose this coupon with your payment



1820 SSW LOOP 323
TYLER, TX 75701

6040 0100 NO RP 01 08242016 NNNNNNNY 01 996241

ETMC2401 MASTER FIBER BILLING
C/O TANGOE MANAGED SERVICES
PO BOX 5471
MILFORD CT 06460-0707

CONTACT US: 1-800-490-9604 | suddenlinkbusiness.com

Service Period	Due Date	Total Due
09/01 - 09/30	09/11/2016	\$85,571.40

Access Code - 4501 Service Address:
Account Number: 801 CLINIC DR
100001-8626-708944801 TYLER TX 75701-2003
Invoice Date: 08/24/16

PREVIOUS STATEMENT BALANCE	\$81,761.63
TOTAL PAYMENTS	-81,761.63
MONTHLY CHARGES	185.27
CIRCUIT MONTHLY CHARGES	84,196.00
PARTIAL MONTHLY CHARGES	960.00
TAXES AND FEES	230.13
TOTAL BALANCE DUE	\$85,571.40



Thank you
for being a
Suddenlink Business customer.



Account Number	Payment Due Date	Total Amount Due	Amount Paid
100001-8626-708944801	09/11/2016	\$85,571.40	

Please allow up to 3 days to process your payment once it is received.

08626001100708944801248557140

SUDDENLINK
PO BOX 660365
DALLAS, TX 75266-0365

CIRCUIT SERVICES - CONTINUED

Acct#: 715797401 500.00
ETMC - Sleep Lab South Park
3900 SOUTHPARK DR
TYLER TX 75703-1709 00

Circuit Occurrence: 001	
Optical Ethernet 100M Intra	500.00

Acct#: 715996901 800.00
ETMC- Business Office - Beckham
1415 S BECKHAM AVE
TYLER TX 75701

Circuit Occurrence: 001	
Optical Ethernet 1g Intra	800.00

Acct#: 716174501 700.00
ETMC First Physicians
14069 FM 849
LINDALE TX 75771-5160 69

Circuit Occurrence: 001	
Optical Ethernet 100M Intra	700.00

Acct#: 716814101 800.00
ETMC- 1st Physicians Clinic
2210 THREE LAKES PKWY
STE 100

TYLER TX 75703	
Circuit Occurrence: 001	
Optical Ethernet 1g Intra	800.00

Acct#: 717274801 2,500.00
ETMC RHS Canton First Physicians
406 STATE HIGHWAY 243
CANTON TX 75103

Circuit Occurrence: 001	
Optical Ethernet 10m Intra	2,500.00

Acct#: 717325201 430.00
ETMC- First Physicians Trauma
1020 E IDEL ST
TYLER TX 75701-2024 20

Circuit Occurrence: 001	
Optical Ethernet 50M Intra	430.00

Acct#: 718117601	4,650.00
ETMC Rusk 50 Mb Diverse Connect	
1325 N DICKINSON DR	
RUSK TX 75785-1051	

Optical Ethernet 50M Intra	4,650.00
----------------------------	----------

Acct#: 718693601 4,475.00
ETMC DR Site
700 OLYMPIC PLAZA CIR
BSMT

TYLER TX 75701	
Circuit Occurrence: 001	
Optical Ethernet 10g Intra	4,475.00

**Spread
the word.
Save big.**



Receive \$100 referral credit on your account for each business associate, partner, or friend you refer who becomes a new Suddenlink Business Services customer*

**Start referring today at
mysuddenlinkbusiness.com**



*Minimum order of \$50 in services. Call for details.

SG7CE01B

Health Care Providers Universal Service Funding Request and Certification Form

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.**Block 1: HCP Information**

1 HCP Name ETMC 1st Physicians - Canton	2 HCP Number 18113
3 Form 465 Application #43155443	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name ETMC 1st Physicians - Canton	6 Billed Entity FCC RN 0017366121
7 Contact Name Tim Arthur	
8 Address Line 1 406 East HWY 243	
9 Address Line 2	
10 City Canton	11 State TX 12 Zip 75103
13 Contact Phone #903-596-3909	14 Fax # 15 Email tarthur@etmc.org


Block 3: Funding Year Information

16 Funding Year - Check only one box
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015) <input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016) <input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Documentation required) 10 Mbps Ethernet
18 Total Billed Miles 0 19 Maximum Allowable Distance (From Form 465) 227
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Suddenlink			
22 Service Provider Identification Number (SPIN)	143016446			
23 Service Provider Contact Person Name	Dawn Schaap			
24 Service Provider Contact Person's Phone #	903-520-5005			
25 Service Provider Contact Person Email	dawn.schaap@suddenlink.com			
26 Circuit Start Location	406 East HWY 243 Canton TX			
27 Circuit Termination Location	801 Clinic Dr., Tyler TX			
28 Billing Account Number	717274801			
29 Tariff, Contract or other document reference number	RHC# 878479			
30 Date Contract Signed or Date HCP Selected Carrier	03/02/2016			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	03/07/2019			
32 Service Installation Date	03/08/2016			
33 Actual Rural Rate per Month (Enclose Documentation)	2500.00			
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.				

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.				
Block 5: Mileage-based Charge Discount Request				
Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.				
36 Billed Circuit Miles	0			
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.) °				
38 Cost per Mile per Month	0			
If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)				
Block 6: Comprehensive Rate Comparison Request				
Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800) 453-1546 if you need assistance.				
39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/>	500			
If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.				
42 Billed Circuit Miles	0			
43 Monthly Mileage Based Charges	0			
44 Cost per Mile per Month	0			
Block 7: Bid Documentation				
45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you checked yes, copies of the bids MUST be submitted to RHCD.				
Block 8: Certification				
46 <input checked="" type="checkbox"/> I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.				
47 <input checked="" type="checkbox"/> Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.				
48 <input checked="" type="checkbox"/> I hereby certify that the billed entity will maintain complete billing records for the service for five years.				
49 <input checked="" type="checkbox"/> I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.				
50 Signature			51 Date 7/18/17	
52 Printed name of authorized person	Geoff Boggs		53 Title or position of authorized person CEO	
54 Employer of authorized person	USF Healthcare Consulting		55 Employer's FCC RN 0018694075	

Please remember:

- You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for **two** T1 lines, you must submit **two** Forms 466.
 - If you are requesting reduced rates for **two** ISDN lines & **one** Frame Relay line, you must submit **three** Forms 466.
- **If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.**
- **You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.**
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, **you must notify RHCD immediately** and submit a revised Form 466.
- If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

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This form should be submitted online through the RHC Program online application system, My Portal.
<https://forms.universalservice.org/usaclogin/login.asp>

ETMC- 1st Physicians-Canton

406 E Hwy 243

Canton, TX 75103

HCP: 18113

Suddenlink 717274801 / Master 708944801

Spin # 143016446

Evergreen Status / RHC# 878479

Still receiving 36 months contracted rate

10M Ethernet

Rural rate: \$2500.00

Urban rate: \$500.00



**WE STAY
UP AND
RUNNING...**

**SO YOUR
BUSINESS
CAN TOO.**

SG7EF00M



Not all services available in all areas.

Please detach and enclose this coupon with your payment



1820 SSW LOOP 323
TYLER, TX 75701

6040 0100 NO RP 01 08242016 NNNNNNNY 01 996241

ETMC2401 MASTER FIBER BILLING
C/O TANGOE MANAGED SERVICES
PO BOX 5471
MILFORD CT 06460-0707

CONTACT US: 1-800-490-9604 | suddenlinkbusiness.com

Service Period	Due Date	Total Due
09/01 - 09/30	09/11/2016	\$85,571.40

Access Code - 4501 Service Address:
Account Number: 801 CLINIC DR
100001-8626-708944801 TYLER TX 75701-2003
Invoice Date: 08/24/16

PREVIOUS STATEMENT BALANCE	\$81,761.63
TOTAL PAYMENTS	-81,761.63
MONTHLY CHARGES	185.27
CIRCUIT MONTHLY CHARGES	84,196.00
PARTIAL MONTHLY CHARGES	960.00
TAXES AND FEES	230.13
TOTAL BALANCE DUE	\$85,571.40



Thank you

for being a
Suddenlink Business customer.

Account Number	Payment Due Date	Total Amount Due	Amount Paid
100001-8626-708944801	09/11/2016	\$85,571.40	

Please allow up to 3 days to process your payment once it is received.

08626001100708944801248557140

SUDDENLINK
PO BOX 660365
DALLAS, TX 75266-0365

CIRCUIT SERVICES - CONTINUED

Acct#: 715797401	500.00
ETMC - Sleep Lab South Park	
3900 SOUTHPARK DR	
TYLER TX 75703-1709 00	
Circuit Occurrence: 001	
Optical Ethernet 100M Intra	500.00
Acct#: 715996901	800.00
ETMC- Business Office - Beckham	
1415 S BECKHAM AVE	
TYLER TX 75701	
Circuit Occurrence: 001	
Optical Ethernet 1g Intra	800.00
Acct#: 716174501	700.00
ETMC First Physicians	
14069 FM 849	
LINDALE TX 75771-5160 69	
Circuit Occurrence: 001	
Optical Ethernet 100M Intra	700.00
Acct#: 716814101	800.00
ETMC- 1st Physicians Clinic	
2210 THREE LAKES PKWY	
STE 100	
TYLER TX 75703	
Circuit Occurrence: 001	
Optical Ethernet 1g Intra	800.00
Acct#: 717274801	2,500.00
ETMC RHS Canton First Physicians	
406 STATE HIGHWAY 243	
CANTON TX 75103	
Circuit Occurrence: 001	
Optical Ethernet 10m Intra	2,500.00
Acct#: 717325201	430.00
ETMC- First Physicians Trauma	
1020 E IDEL ST	
TYLER TX 75701-2024 20	
Circuit Occurrence: 001	
Optical Ethernet 50M Intra	430.00
Acct#: 718117601	4,650.00
ETMC Rusk 50 Mb Diverse Connect	
1325 N DICKINSON DR	
RUSK TX 75785-1051	
Circuit Occurrence: 001	
Optical Ethernet 50M Intra	4,650.00
Acct#: 718693601	4,475.00
ETMC DR Site	
700 OLYMPIC PLAZA CIR	
BSMT	
TYLER TX 75701	
Circuit Occurrence: 001	
Optical Ethernet 10g Intra	4,475.00

Spread the word. Save big.



Receive \$100 referral credit on your account for each business associate, partner, or friend you refer who becomes a new Suddenlink Business Services customer*.

**Start referring today at
mysuddenlinkbusiness.com**



*Minimum order of \$50 in services. Call for details.

SG7CF01B

10/18/15

Health Care Providers Universal Service Funding Request and Certification Form

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.**Block 1: HCP Information**

1 HCP Name ETMC 1st Physicians - Mineola (HWY 37)	2 HCP Number 18540
3 Form 465 Application #43155446	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name ETMC 1st Physicians - Mineola (HWY 37)	6 Billed Entity FCC RN 0017366121
7 Contact Name Tim Arthur	
8 Address Line 1 5875 S. HWY 37	
9 Address Line 2	
10 City Mineola	11 State TX 12 Zip 75773
13 Contact Phone #903-596-3909	14 Fax # 15 Email tarthur@etmc.org

Block 3: Funding Year Information

16 Funding Year - Check only one box
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015) <input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016) <input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Documentation required) 50 Mbps Ethernet
18 Total Billed Miles 0 19 Maximum Allowable Distance (From Form 465) 234
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Suddenlink			
22 Service Provider Identification Number (SPIN)	143016446			
23 Service Provider Contact Person Name	Dawn Schaap			
24 Service Provider Contact Person's Phone #	903-520-5005			
25 Service Provider Contact Person Email	dawn.schaap@suddenlink.com			
26 Circuit Start Location	5875 S. HWY 37 Mineola, TX			
27 Circuit Termination Location	801 Clinic Dr., Tule, TX			
28 Billing Account Number	715172901			
29 Tariff, Contract or other document reference number	RHC# 872407			
30 Date Contract Signed or Date HCP Selected Carrier	07/13/2015			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	08/03/2018			
32 Service Installation Date	08/04/2015			
33 Actual Rural Rate per Month (Enclose Documentation)	1500.00			
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.				

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

Block 5: Mileage-based Charge Discount Request

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.

36 Billed Circuit Miles	0			
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.) °				
38 Cost per Mile per Month	0			

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)

Block 6: Comprehensive Rate Comparison Request

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800 453-1546 if you need assistance.

39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/> 500				

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.

42 Billed Circuit Miles	0			
43 Monthly Mileage Based Charges	0			
44 Cost per Mile per Month	0			

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? ☐ Yes ☒ No
If you checked yes, copies of the bids MUST be submitted to RHCD.

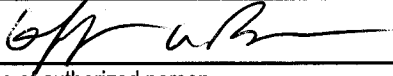
Block 8: Certification

46 ☒ I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 ☒ Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 ☒ I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 ☒ I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature 	51 Date 7/18/17
52 Printed name of authorized person Geoff Boggs	53 Title or position of authorized person CEO
54 Employer of authorized person USF Healthcare Consulting	55 Employer's FCC RN 0018694075

Please remember:

- ♦ You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for **two** T1 lines, you must submit **two** Forms 466.
 - If you are requesting reduced rates for **two** ISDN lines & **one** Frame Relay line, you must submit **three** Forms 466.
- ♦ **If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.**
- ♦ **You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.**
- ♦ This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- ♦ If the service described on this form changes (e.g., rate change) during the funding year, **you must notify RHCD immediately** and submit a revised Form 466.
- ♦ If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

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This form should be submitted online through the RHC Program online application system, My Portal.
<https://forms.universalservice.org/usaclogin/login.asp>

ETMC-Mineola
5875 Hwy 37
Mineola, TX 75773

Evergreen Status / RHC #872407

HCP: 18540
Suddenlink 143016446
Acct #: 715172901 / Master 708944801

50M Ethernet

Rural Rate

COST \$1500.00

Urban Rate: \$500.00



**WE STAY
UP AND
RUNNING...**

**SO YOUR
BUSINESS
CAN TOO.**

SG7EF00M



Not all services available in all areas.

Please detach and enclose this coupon with your payment



1820 SSW LOOP 323
TYLER, TX 75701

6040 0100 NO RP 01 08242016 NNNNNNNY 01 996241

ETMC2401 MASTER FIBER BILLING
C/O TANGOE MANAGED SERVICES
PO BOX 5471
MILFORD CT 06460-0707

CONTACT US: 1-800-490-9604 | suddenlinkbusiness.com

Service Period	Due Date	Total Due
09/01 - 09/30	09/11/2016	\$85,571.40

Access Code - 4501 Service Address:
Account Number: 801 CLINIC DR
100001-8626-708944801 TYLER TX 75701-2003
Invoice Date: 08/24/16

PREVIOUS STATEMENT BALANCE	\$81,761.63
TOTAL PAYMENTS	-81,761.63
MONTHLY CHARGES	185.27
CIRCUIT MONTHLY CHARGES	84,196.00
PARTIAL MONTHLY CHARGES	960.00
TAXES AND FEES	230.13
TOTAL BALANCE DUE	\$85,571.40



Thank you

for being a
Suddenlink Business customer.

Account Number	Payment Due Date	Total Amount Due	Amount Paid
100001-8626-708944801	09/11/2016	\$85,571.40	

Please allow up to 3 days to process your payment once it is received.

08626001100708944801248557140

SUDDENLINK
PO BOX 660365
DALLAS, TX 75266-0365

Health Care Providers Universal Service Funding Request and Certification Form

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.**Block 1: HCP Information**

1 HCP Name ETMC - 1st Physicians - Chandler	2 HCP Number 25564
3 Form 465 Application #43163864	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name ETMC - 1st Physicians - Chandler	6 Billed Entity FCC RN 0017366121	
7 Contact Name Tim Arthur		
8 Address Line 1 125 HWY 31 East		
9 Address Line 2		
10 City Chandler	11 State TX	12 Zip 75758
13 Contact Phone #903-596-3909	14 Fax #	15 Email tarthur@etmc.org

Block 3: Funding Year Information

16 Funding Year - Check only one box		
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)	<input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Documentation required) 10 Mbps Ethernet	
18 Total Billed Miles 0	19 Maximum Allowable Distance (From Form 465) 208
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.	

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Suddenlink			
22 Service Provider Identification Number (SPIN)	143016446			
23 Service Provider Contact Person Name	Dawn Schaap			
24 Service Provider Contact Person's Phone #	903-520-5005			
25 Service Provider Contact Person Email	dawn.schaap@suddenlink.com			
26 Circuit Start Location	125 HWY 31 E, Chandler, TX			
27 Circuit Termination Location	801 Clinic Dr., Tyler, TX			
28 Billing Account Number	714045501			
29 Tariff, Contract or other document reference number	RHC# 900354			
30 Date Contract Signed or Date HCP Selected Carrier	07/06/2016			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	07/05/2019			
32 Service Installation Date	07/06/2016			
33 Actual Rural Rate per Month (Enclose Documentation)	750.00			

34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment.	Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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35 Are you a mobile rural health care provider?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, see instructions and attach a list of all sites to be served.
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IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

Block 5: Mileage-based Charge Discount Request

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.

36 Billed Circuit Miles	0			
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.) °				
38 Cost per Mile per Month	0			

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)

Block 6: Comprehensive Rate Comparison Request

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service.

Please contact RHCD at (800) 453-1546 if you need assistance.

39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/> 500				

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.

42 Billed Circuit Miles	0			
43 Monthly Mileage Based Charges	0			
44 Cost per Mile per Month	0			

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? ☐ Yes ☒ No
If you checked yes, copies of the bids MUST be submitted to RHCD.


Block 8: Certification

46 ☒ I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 ☒ Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 ☒ I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 ☒ I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature 	51 Date 7/28/17
52 Printed name of authorized person Geoff Boggs	53 Title or position of authorized person CEO
54 Employer of authorized person USF Healthcare Consulting	55 Employer's FCC RN 0018694075

Please remember:

- ♦ You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for **two** T1 lines, you must submit **two** Forms 466.
 - If you are requesting reduced rates for **two** ISDN lines & **one** Frame Relay line, you must submit **three** Forms 466.
- ♦ **If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.**
- ♦ **You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.**
- ♦ This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- ♦ If the service described on this form changes (e.g., rate change) during the funding year, **you must notify RHCD immediately** and submit a revised Form 466.
- ♦ If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal.
<https://forms.universalservice.org/usaclogin/login.asp>

ETMC- 1st Physicians- Chandler
125 Hwy 31 East
Chandler, TX 75758

HCP: 25564
Suddenlink 714045501 / Master 708944801
Spin # 143046446

Still receiving 36 month contracted rate

10 MG Ethernet

Rural Rate: \$750.00

Urban Rate: \$ 500.00



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CAN TOO.**

SG7EF00M



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1820 SSW LOOP 323
TYLER, TX 75701

6040 0100 NO RP 01 08242016 NNNNNNNY 01 996241

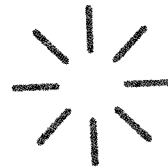
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C/O TANGOE MANAGED SERVICES
PO BOX 5471
MILFORD CT 06460-0707

CONTACT US: 1-800-490-9604 | suddenlinkbusiness.com

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SUDDENLINK
PO BOX 660365
DALLAS, TX 75266-0365

